| | SERIAL NO. 427787 | FILING DATE 10-27-99 |

### MULTIPLE DEPENDENT CLAIM
### FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | | 61 | | | | | | |
| 2 | | | | | | | 62 | | | | | | |
| 3 | | | | | | | 63 | | | | | | |
| 4 | | | | | | | 64 | | | | | | |
| 6 | | | | | | | 66 | | | | | | |
| 6 | | | | | | | 66 | | | | | | |
| 7 | | | | | | | 67 | | | | | | |
| 8 | | | | | | | 68 | | | | | | |
| 9 | | | | | | | 69 | | | | | | |
| 10 | | | | | | | 60 | | | | | | |
| 11 | | | | | | | 61 | | | | | | |
| 12 | | | | | | | 62 | | | | | | |
| 13 | | | | | | | 63 | | | | | | |
| 14 | 1 | | | | | | 64 | | | | | | |
| 16 | | | | | | | 66 | | | | | | |
| 16 | | | | | | | 66 | | | | | | |
| 17 | | | | | | | 67 | | | | | | |
| 18 | | | | | | | 68 | | | | | | |
| 19 | | | | | | | 69 | | | | | | |
| 20 | | | | | | | 70 | | | | | | |
| 21 | | | | | | | 71 | | | | | | |
| 22 | | 1 | | | | | 72 | | | | | | |
| 23 | | | | | | | 73 | | | | | | |
| 24 | | | | | | | 74 | | | | | | |
| 25 | | | | | | | 76 | | | | | | |
| 26 | | | | | | | 76 | | | | | | |
| 27 | | | | | | | 77 | | | | | | |
| 28 | | | | | | | 78 | | | | | | |
| 29 | | | | | | | 79 | | | | | | |
| 30 | | | | | | | 80 | | | | | | |
| 31 | | | | | | | 81 | | | | | | |
| 32 | | | | | | | 82 | | | | | | |
| 33 | | | | | | | 83 | | | | | | |
| 34 | | | | | | | 84 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
| 43 | | | | | | | 93 | | | | | | |
| 44 | | | | | | | 94 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 60 | | | | | | | 100 | | | | | | |
| TOTAL IND. | 3 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 19 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL | 22 | | | | | | TOTAL | | | | | | |